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21832 7590 12/07/2004

MCCARTER & ENGLISH LLP
CITYPLACE I
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Melanie G. Vasquez (Depositor's name)
M. Vasquez (Signature)
March 7, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/600,525	06/19/2003	Daniel Py	483180.0094	8622

TITLE OF INVENTION: STERILE FILLING MACHINE HAVING NEEDLE FILLING STATION WITHIN E-BEAM CHAMBER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 \$1400	\$300	\$4670 \$1700	03/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAUST, TIMOTHY LEWIS	3751	141-319000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

McCarte & English, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medical Instill Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stamford, Connecticut

03/08/2005 AWONDAF2 00000057 10600525

01 FC:1501

1400.00 DA

02 FC:1504

300.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1402 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Lisa A. Bongiovi

Date March 7, 2005

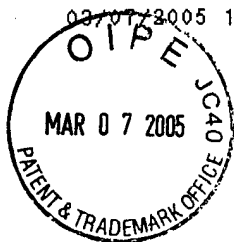
Typed or printed name

Lisa A. Bongiovi

Registration No. 48,933

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PTO/SB/97 (08-03)

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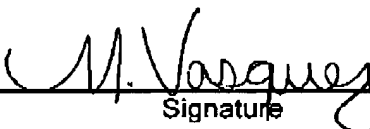
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on **MARCH 7, 2005**

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1. Issue Fee Transmittal [1 page]
- 2.
- 3.
- 4.
- 5.
- 6.

TOTAL PAGES INCLUDING FACSIMILE TRANSMITTAL: 2

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